



Mississippi Office of Homeland Security INFORMATION SURVEY FORM

Agency/Organization: _____

Sub-Recipient Grant Number: _____

Review Date: _____ On-Site Monitoring Date: _____

Grant Monitoring Information

Sub-Recipient Grant Administrator (SGA): _____

SGA Position Title: _____

Federal Funds Awarded _____ Federal Funds Expended _____

Budget Modifications _____ # Extensions _____

MAGIC Vendor Number: _____

UEI Number: _____ UEI Expiration Date: _____

Agency Staff Assistant with the Monitoring Visit

Name: _____ Title: _____

Email: _____ Phone: _____

Name: _____ Title: _____

Email: _____ Phone: _____

YES NO N/A

1. Does the Agency keep physical files?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2. If the Agency keeps Physical Files, How are they stored and who has access to them?

3. Does the Agency keep Electronic Files?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. If the Agency keeps Electronic Files, How are they stored and who has access to them?

5. Do you or your agency have any areas of concern that MOHS needs to be aware of?

6. Do you have any areas that technical assistance is needed?

MOHS Program Manager: _____

MOHS On-Site Monitor: _____

SGA: _____